

**KUSD FIELD TRIP PERMISSION SLIP**

STUDENT NAME: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_ ID# \_\_\_\_\_

TEACHER(S): \_\_\_\_\_

FIELD TRIP LOCATION: \_\_\_\_\_

DAY/DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

TRAVEL ARRANGEMENTS: \_\_\_\_\_

MEAL ARRANGEMENTS: \_\_\_\_\_

TRIP COST: \_\_\_\_\_

(Make checks payable to: \_\_\_\_\_)

ADDN INFO: \_\_\_\_\_

I may be reached at the following phone numbers in case of illness or injury:

Parent/guardian (1) Home: Work: Cell: Name: \_\_\_\_\_

Parent/guardian (2) Home: Work: Cell: Name: \_\_\_\_\_

*For Overnight Field Trips Only* Medical Insurance Carrier: Policy #: Phone#

In the event I/we cannot be reached, please contact the following responsible adult: Name:

\_\_\_\_\_ Phone: \_\_\_\_\_

**My child has the following pertinent health concerns:**

No health problems: Seizures Diabetes Asthma Heart condition: \_\_\_\_\_

Severe allergy to: \_\_\_\_\_ Motion sickness Severe Migraines Other:

Difficulty walking-any special care needed: \_\_\_\_\_

All medication needed to be administered during length of fieldtrip\*: \_\_\_\_\_:

**Note: \*A Medication Administration Form completed by doctor &/or parent must be completed for any medication to be given at school or on Fieldtrips.**

Forms are available in School or Nurse's Office.

*I give permission for my son/daughter to participate in this field trip. In the event of serious illness or accident, I give permission for my child to be sent by rescue squad to the emergency room. I understand that I as parent/guardian am responsible for the cost of the service rendered.*

X \_\_\_\_\_ DATE: \_\_\_\_\_

**Parent/guardian signature** \*As parent/guardian, I have completed this form accurately to the best of my knowledge.